PTO/SB/06 (08-03)
Approved for use through 7/31/2008. OMB 0851-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Applica	10119.924		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OTHER THAN SMALL ENTITY		
	FOR	MIMB	NUMBER FILED NUM		ER EXTRA	RATE FEE		RATE	FEE	
	SIC FEE CFR 1.18(A))	53	53			18/15 38	<b>7</b> 08			
TOTAL CLAIMS (37 CFR 1.16(c))		53	53 entrus 20 = 1.		3	2.9.	2 OR	xs •		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			ntinus 3 • °		/	x, 43.	OR	X S		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))						+445.	OR	+, .		
* If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL \$ 180	5.10 <sub>on</sub>	TOTAL		
CLAIMS AS AMENDED - PART II										
	(Calumn 1) (Calumn 2) (Calumn 3)					SMALL ENTITY	OR		R THAN ENTITY	
ENDMENT A	811516	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITION	u.	RATE	ADOI- TIONAL FEE	
ME	Total (IV CFR LUX(IX)	. 22	Minus	53	° . • /	x		X \$ 0		
Ä	Independent (37 OFR 1.18(b))	. /	Minus	<b>"</b> .3	7	x 1	OR	x: -		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(s))					/-	OR	+1 .		
					TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE			
		(Column 1)		(Cotumn 2)	(Catumn 3)	,				
AMENDMENT B	1/2/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL PEE	7	RATE	ADDI- TIONAL FEE	
	Total (37 GFR 1,16(s))	. 8	Minus	•53	<b>-</b> ()	x s=	OR	x 8=		
	Independent (37 OFR 1 15(b))	٠ ٢	Minus	<u>শু</u>	0	x 8	OR	X \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(6))					+= / -	OR	+3=		
2 11 - 2						TOYAL APPOL FEE	OR	YOTAL ADD'L FEE	·	
_(	11-07	(Column 1)		(Column 2)	(Cotumn 3)			,		
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONA FEE		RATE	ADDI- TIONAL FEE	
ğ	र्वे व्यवस्थाः विकास	$\mathcal{Z}_{l}$	Minus	53	4	x \$=	OR	X 8		
AMENDMENT	independent profit ti(b))	. 9	Minus	-3	* /	x = / UL / UL	OR	X 8		
FIRST PRESENTATION OF MULTURE DEPENDENT CLAIM (37 OFR 1.18(4))						<u>+</u> .	OR	+ 5 0	<u> </u>	
2461,61,761						TOTAL ADD'L FEE	ට <sub>or</sub>	TOTAL ADD'L FEE		
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
his collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to life (and by the										

Instruction or information is required by 37 GPA 1.18. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 7 CFA 1.14. This sollection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patient and Tradenats Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.